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b. If the answer to subsection (a) is all or some, provide the name(s) and transfer agent file number(s) of all service company(ies) engaged: Name of Transfer Agent(s): PROCESSED APR 0 7 2006	(Check appropriate box.)			form any of its transfer agent functions
Name of Transfer Agent(s): PROCESSED APR 0 7 2006	☐ All	Some X Non	ie.	
PROCESSED APR 0 7 2006		n (a) is all or some, provide the name	(s) and trans	fer agent file number(s) of all service
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	<u> </u>		M TE SELE PROPERTY SEE	regioners with the large section of the control of
	c. During the reporting period transfer agent functions?		rvice compan	y by a named transfer agent to perform
transfer agent functions?	☐ Yes	⊁ No		
transfer agent functions?	Registrant has been engage	d as a service company to perform transf		
transfer agent functions? Yes No	Name of Transfer Agent(s):		File No. (beginning with 84- or 85-)
transfer agent functions? Yes No d. If the answer to subsection (c) is yes, provide the name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been engaged as a service company to perform transfer agent functions: (If more room is required, plead complete and attach the Supplement to Form TA-2.)				2 - 1 , 10 - 10 - 10 - 10 - 10 - 10 - 10
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	Design of the state of the stat	I best Designation 1		
Didd		i, has the Registrant been engaged as a se	rvice compan	ly by a named transfer agent to perform
	transfer agent functions?	,		
		,		
	∵ Yes	X No		
transfer agent functions?		☐ 140	•	
transfer agent functions? Yes No				
transfer agent functions? Yes No d. If the answer to subsection (c) is yes, provide the name(s) and file number(s) of the named transfer agent(s) for which the subsection (c) is yes, provide the name(s) and file number(s) of the named transfer agent(s) for which the subsection (c) is yes, provide the name(s) and file number(s) of the named transfer agent(s) for which the subsection (c) is yes, provide the name(s) and file number(s) of the named transfer agent(s) for which the subsection (c) is yes, provide the name(s) and file number(s) of the named transfer agent(s) for which the subsection (c) is yes, provide the name(s) and file number(s) of the named transfer agent(s) for which the subsection (c) is yes, provide the name(s) and file number(s) of the named transfer agent(s) for which the name (s) and file number(s) are the subsection (c) is yes, provide the name (s) and file number(s) are the subsection (c) is yes, provide the name (s) and file number(s) are the subsection (c) is yes, provide the name (s) and file number(s) are the subsection (c) is yes, provide the name (s) and file number(s) are the subsection (c) is yes, provide the name (s) and file number(s) are the subsection (c) is yes, provide the name (s) are the subsection (c) is yes, provide the name (s) are the subsection (c) is yes, provide the name (s) are the subsection (c) is yes, provide the name (s) are the subsection (c) is yes, provide the name (s) are the subsection (c) is yes, provide the name (s) are the subsection (c) is yes, provide the name (s) are the subsection (c) is yes, provide the name (s) are the subsection (c) is yes, provide the name (s) are the subsection (c) is yes, provide the name (s) are the subsection (c) is yes, provide the name (s) are the subsection (c) is yes, provide the name (s) are the subsection (c) is yes, provide the name (s) are the subsection (c) is yes, provide the name (s) are the subsection (c) is yes, provide the name (s) are the subsection (c) is yes, provide the subsection (c) is yes, provide the			er agent func	tions: (If more room is required, pleas
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SEC 2113 (12-00)

3.	a.	Comptrolle Federal Dep Board of G	r of the Currency posit Insurance C	orporation ederal Reserve Syst		c only.)			
	b.		- ×	the Registrant amendame inaccurate, inc			•	lowing the date on whi	cl
			mendment(s) o file amendment ble	(s)			·		
	c.	If the answer to	subsection (b) is	s no, provide an exp	lanation:				
			* * * * * * * * * * * * * * * * * * * *						_
		· · · · · · · · · · · · · · · · · · ·					***************************************		
		If t	he response to	any of questions	s 4-11 below i	is none or	zero, enter "	'0. "	
4.	Nu	mber of items re	ceived for transfe	r during the reporting	ng period:	***************************************	•••••	511	_
5.	a.			rityholder accounts, tment plans and/or d					_
	b.			lder dividend reinve					_
	С.	Number of indi	vidual securityho	lder DRS accounts a	as of December	31:		0	_
	d.	Approximate p December 31:	ercentage of indi	vidual securityholde	er accounts from	n subsection	n (a) in the fol	lowing categories as o	эf
	Г	Corporate	Corporate Debt	Open-End Investment	Limited Partnersh	- 1	nicipal Debt Securities	Other Securities	
		Equity Securities	Securities	Company Securities	Securitie		Becuriues	Becurries	
		100%	0	0	0		О .	0	
_	\			- D	41 - C-11			21.	
6.	Ŋļi	mber_oi securitie	s issues for which	Registrant acted in	the following o	capacities, a	s of December	31:	
				Corporate Securities	Open-End Investment	Limited Partnershi	Municip Debt	al Other Securities	

- a. Receives items for transfer and maintains the master securityholder files:
- b. Receives items for transfer but does not maintain the master securityholder files:
- c. Does not receive items for transfer but maintains the master securityholder files:

Corporate Securities		Open-End Investment Company	Limited Partnership Securities	Municipal Debt Securities	Other Securities
Equity	Debt	Securities			
18	0	0	O	0	0
0	0	o	0	O	0
0	0	o	0	, O	0

7.		ope of certain additional types of activ Number of issues for which dividend		direct purchase plan	
	a.	services were provided, as of Decem			0
	b.	Number of issues for which DRS ser			
	c.	Dividend disbursement and interest			
		i. number of issues			
		ii. amount (in dollars)			
8.	a.	Number and aggregate market value December 31:	of securities aged record	differences, existing for mo	ore than 30 days, as of
				Prior Transfer Agent(s) (If applicable)	Current Transfer Agent
		i. Number of issues			0
		ii. Market value (in dollars)			0
		,			
	b.	Number of quarterly reports regarding SEC) during the reporting period pur			
	c.	During the reporting period, did the lineluding the SEC) required by Rule		y reports regarding buy-in	s with its ARA
		Yes	X No		
	د	The annual to subscribe (a) is no		an anala failanna ta fila.	
	d.	If the answers to subsection (c) is no.	, provide an explanation it	or each faiture to the:	
		N/A			
9.	a.	During the reporting period, has the las set forth in Rule 17Ad-2?	Registrant always been in	compliance with the turnar	round time for routine items
		X Yes	□No		
		If the answer to so	ubsection (a) is no, comp	lete subsections (i) throug	gh (ii).
		i. Provide the number of months du compliance with the turnaround t			
	·	 Provide the number of written no SEC and with its ARA that repor items according to Rule 17Ad-2. 	ted its noncompliance with	turnaround time for routi	ine
10.		mber of open-end investment company distribution postings, and address cha	anges processed during the	reporting period:	
	a.	Total number of transactions processed			
	b.	Number of transactions processed on	a date other than date of r	eceipt of order (as ofs):	<u>0</u>

During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

Date of Database Search	Number of Lost Securityholder Accounts Submitted for Database Search	Number of Different Addresses Obtained from Database Search
APRIL 6, 2005	547	3
NOVEMBER 7, 2005	544	1

b. Number of lost securityholder accounts that have been reporting period:	~
SIGNATURE: The Registrant submitting this Form, and the pe information contained in the Form is true, corre	erson signing the Form, hereby represent that all the ct, and complete.
Manual signature of Official responsible for Form:	Title: PRESIDENT
Shinely H. Burgher	Telephone number: 801-277-1400
Name of Official responsible for Form (First name, Middle name, Last name)	Date signed (Month/Day/Year):
SHIRRELL W. HUGHES	03/28/06

File Number	Supplement to Form TA-2
For the reporting period ended December 31,	Full Name of Registrant
Use this schedule to provide the	e-name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been

Use this schedule to provide the name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been engaged as a service company to perform transfer agent functions:

	Name(s):		File No. (beginning with 84- or 85-):
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